

# CITY OF TITUSVILLE, PA FOOD ESTABLISHMENT INSPECTION REPORT

<b>CITY OF TITUSVILLE</b> <b>DEPARTMENT OF HEALTH</b>		No. of Risk Factor/Interventions Violations		Date <b>5/17/19</b>	
		No. of Repeat Risk Factor/Intervention/Violations		Current Expiration <b>5/4/2018</b>	
Establishment <b>Sheetz #502</b>		Location <b>331 W. Central Ave.</b>		Phone	
License / Permit #	Contact/Permit Holder	Purpose of Inspection Routine Follow-up	Est Type FS <b>RS</b>	Risk Category <b>High</b> Medium Low	

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.  
**IN** = in compliance **OUT** = not in compliance **N/O** = not observed **N/A** = not applicable **COS** = corrected on-site during inspection **R** = repeat violation

Compliance Status		COS	R	Compliance Status		COS	R
<b>Demonstration of Knowledge</b>							
<b>1</b>	IN OUT			<b>16</b>	IN OUT N/A N/O		
Certification by accredited program, compliance with Code, or correct responses				<b>17</b>	IN OUT N/A N/O		
<b>Employee Health</b>							
<b>2</b>	IN OUT			<b>18</b>	IN OUT N/A N/O		
Management awareness; policy present				<b>19</b>	IN OUT N/A N/O		
<b>3</b>	IN OUT			<b>20</b>	IN OUT N/A		
Proper use of reporting, restriction & exclusion				<b>21</b>	IN OUT N/A N/O		
<b>Good Hygienic Practices</b>							
<b>4</b>	IN OUT N/O			<b>22</b>	IN OUT N/A N/O		
Proper eating, tasting, drinking, or tobacco use							
<b>5</b>	IN OUT N/O						
No discharge from eyes, nose, and mouth							
<b>Preventing Contamination by Hands</b>							
<b>6</b>	IN OUT N/O			<b>23</b>	IN OUT N/A		
Hands clean & properly washed				<b>Consumer Advisory</b>			
<b>7</b>	IN OUT N/A N/O			<b>Highly Susceptible Populations</b>			
No bare hand contact with RTE foods or approved alternate method properly followed							
<b>8</b>	IN OUT			<b>24</b>	IN OUT N/A		
Adequate handwashing facilities supplied & accessible				<b>Chemical</b>			
<b>Approved Sources</b>							
<b>9</b>	IN OUT			<b>25</b>	IN OUT N/A		
Food obtained from approved source				<b>26</b>	IN OUT N/A		
<b>10</b>	IN OUT N/A N/O			<b>Conformance with Approved Procedures</b>			
Food received at proper temperature							
<b>11</b>	IN OUT			<b>27</b>	IN OUT N/A		
Food in good condition, safe & unadulterated				<b>Risk factors</b> are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health Interventions are control measures to prevent foodborne illness or injury.			
<b>12</b>	IN OUT N/A N/O						
Required records available: shelf stock tags, parasite destruction							
<b>Protection from contamination</b>							
<b>13</b>	IN OUT N/A						
Food separated & protected							
<b>14</b>	IN OUT N/A						
Food-contact surfaces: cleaned & sanitized							
<b>15</b>	IN OUT						
Proper disposition of returned, previously served, reconditioned & unsafe food							

## GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals and physical objects into foods. Mark "X" in box if numbered item is not in compliance. Mark "X" in appropriate box for COS and/or R. **COS**=corrected on-site during inspection **R**=repeat violation

		COS	R			COS	R
<b>Safe Food and Water</b>							
<b>28</b>	Pasteurized eggs used where required			<b>41</b>	In-use utensils: properly stored		
<b>29</b>	Water & ice from approved source			<b>42</b>	Utensils, equip & linens: properly stored, dried & handled		
<b>30</b>	Variance obtained for specialized processing methods			<b>43</b>	Single-use & single-service articles: properly stored & used		
<b>Food Temperature Control</b>							
<b>31</b>	Proper cooling methods used; adequate equipment for temperature control			<b>44</b>	Gloves used properly		
<b>Utensils, Equipment and Vending</b>							
<b>32</b>	Plant food properly cooled for hot holding			<b>45</b>	Food & non-food contact surfaces cleanable, properly designed, constructed & used		
<b>33</b>	Approved thawing methods used			<b>46</b>	Warewashing facilities: installed, maintained, used: test strips		
<b>34</b>	Thermometers provided & accurate			<b>47</b>	Non-food contact surfaces clean	X	
<b>Food Identification</b>							
<b>35</b>	Food properly labeled; original container			<b>48</b>	Hot & cold water available; adequate pressure		
<b>Prevention of Food Contamination</b>							
<b>36</b>	Insects, rodents & animals not present; no unauthorized persons			<b>49</b>	Plumbing installed; proper backflow devices		
<b>37</b>	Contamination prevented during prep, storage & display			<b>50</b>	Sewage & waste water properly disposed		
<b>38</b>	Personal cleanliness			<b>51</b>	Toilet facilities: properly constructed, supplied & cleaned		
<b>39</b>	Wiping cloths: properly used & stored			<b>52</b>	Garbage & refuse properly disposed; facilities maintained		
<b>40</b>	Washing fruits & vegetables			<b>53</b>	Physical facilities installed, maintained & clean		
				<b>54</b>	Adequate ventilator & lighting: designated areas used		

Person in Charge (Signature)

 Follow-up: YES ☐ NO ☒ (Circle one)

Inspector (Signature)

Follow-up Date: \_\_\_\_\_

☒ APPROVED

NEW

☒ RE-NEW

RE-INSPECT

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**CITY OF TITUSVILLE**  
**DEPARTMENT OF HEALTH**

5/17/18

Phone

## TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
Cooler	36°				
Freezer	-7				
Eggs	40°				
Mistbach	160°				
Tomatoes	38°				
FEC	Yes				

[illegible][illegible]

5/17/18

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